Appendix D – Forms

WORK PLAN SIGNOFF SHEET

Munitions and Explosives of Concern Remediation
At McClellan, Alabama

I have read and understand this Work Plan and attached SOPs and have no reservations that field operations can be performed efficiently and safely using these procedures.

I understand this Work Plan and attached SOPs are a guide and not meant to address every situation. It is my responsibility to exercise good judgment and decision making to carry out my duties. If a situation arises where I do not have sufficient knowledge or information to make an informed decision, I will contact my supervisor for further direction.

NAME	SIGNATURE	DATE

	Environmental Chemical Corporation	PERSONNEL TRAINING AND QUALIFICATION TRACKING FORM

Employee Name: _____ **Title/Job Function:** _____

Project: _____ **Company:** _____

Training/Certification	Date Completed/Verified	Due Date*
Program Level Work Plan Reviewed		
Accident Prevention Plan Reviewed		
Project Level Work Plan Reviewed (if applicable)		
Resume meets job requirements specified in DID OE-025.01		
EOD certification on file		
OSHA 40-hr (or 24-hr, if applicable)		
3-Day Supervised Field Experience		
8-hr OSHA Refresher		
8-hr OSHA Supervisor		
Annual Physical/Medical Approval for Hazardous Waste Work		
First Aid/CPR Certification		
Bloodborne Pathogens training		
Pre-employment Drug Screen		
Medical Data Sheet filled out		
Project-specific Medical Tests *(specify)*		
Blood Lead/ZPP/FEP		
Medical Approval for Respirator Use		
Respirator Fit Test		
Hearing Conservation training		
Audiogram		
Hazard Communication training		
Fall Protection training		
Excavation Competent Person designation		
Commercial Driver's License		
Heavy Equipment / Lift Operator		
Forklift Operator		
Confined Space Entry training		
Asbestos Awareness		
Asbestos Worker		
Asbestos Supervisor		
Asbestos Inspector		
Rad Worker II		
Other (Describe)		

* Indicate "NA" if not applicable or if training is one-time only training.

NOTE: This form is NOT a substitute of proper training documentation. Personnel training and medical documentation must be maintained on-site in addition to this form.

Daily Production Report – McClellan, Alabama

ECC DAILY PRODUCTION REPORT - McClellan, Alabama

Date:		Contract Number:	
		Report Number:	
Contract Task Order:		CTO Title & Location:	
ECC UXO Superintendent:			

Weather Forecast:	Today ------ --	Temperatures	High:	Low:	Humidity:	Winds:	Sky:	Precip:
	Tomorrow - --	Temperatures	High:	Low:	Humidity:	Winds:	Sky:	Precip:

General Description of Work Performed Today:

Onsite Work Description	Employer	# persons	Hours

Was a Job Safety Meeting held this date? Y/N	TOTAL WORK HOURS ON JOB SITE THIS DATE:	
Were there any Lost Time Accidents this date? Y/N	CUMULATIVE TOTAL OF PREVIOUS WORK HOURS:	
	TOTAL HOURS FROM START OF PROJECT:	

Safety Actions Taken and Safety Inspections Conducted Today:

Equipment/Material Received This Date:	VENDOR	PO#

Remarks:

Title:	Signature:	Date:

Project Construction Equipment On Site at McClellan, Alabama

Source or Vendor	Description of Equipment Used Today	Hours

MEC SUMMARY

Type:	Quantity:	Live/Prac.:	Remarks:	Location:

Demolition Supplies Expended:

Type:	Quantity:	Location:	Remarks:

Scrap Generation / Deposition:

Type:	Quantity:	Weight:	Location:	Remarks:

LABOR

Man Hours (Today):______________________

Name	Labor Category:	M/H :	M/H 0%:	M/H 4%	M/H 8%
	PM				
	Site Supervisor				
	SUXOSS				
	UXOSO				
	QCM				
	UXOQCS				
	GEOQCS				
	UXO Technician III				
	UXO Technician II				
	UXO Technician I				
	Laborer				
	Admin Personnel				
	Visitor				

DAILY QUALITY CONTROL REPORT

Report #:			**Contract:**	
PHASE	Y-YES: N-NO, SEE REMARKS: BLANK-NOT APPLICABLE		Remarks	
PREPARATORY	THE PLANS AND SPECS HAVE BEEN REVIEWED			
	THE SUBMITTALS HAVE BEEN APPROVED			
	EQUIPMENT COMPLIES WITH APPROVED PLANS			
	MATERIALS ARE STORED PROPERLY			
	PRELIMINARY WORK WAS DONE CORRECTLY			
	TESTING PLAN HAS BEEN REVIEWED			
	WORK METHOD AND SCHEDULE DISCUSSED			
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY			TESTING PERFORMED AND WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED			
	WORKMANSHIP IS SATISFACTORY			
	TEST RESULTS ARE ACCEPTABLE			
	WORK IS IN COMPLIANCE WITH THE CONTRACT			
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED IN INITIAL PHASE			TESTING PERFORMED AND WHO PERFORMED TEST

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
REMARKS:	

On behalf of the contractor, I certify that this report is complete and correct and that I or my authorized representative(s) have inspected the work performed this day by ECC and each subcontractor and have determined that all materials, equipment and workmanship are in strict compliance with the plans and specifications except as may be noted above.	Project Quality Control Manager Signature:	Date:

QC Surveillance Report
McClellan, Alabama

1 - Definable Feature of Work

☐ Geophysical Investigation ☐ UXO ID & Disposal ☐ Vegetation Removal ☐ Other
☐ Intrusive Investigation ☐ MEC Scrap Certification ☐ Brush Cutting

2 – Phase

☐ Preparatory ☐ Initial ☐ Follow-up ☐ General/Other

3 – References

4 - Observed Condition/Activities:

5 - Comments:

6 - Results of Surveillance

☐ Acceptable	☐ Unacceptable	Deficiency #: NCR #:

Conducted By:	Signature:	Date

7- Comments

8 - QCM Review

☐ Concur ☐ Non-Concur	Signature:	Date

9 – Distribution

☐ PM ☐ SUXOSS ☐ MATRIX ☐ Other

Intrusive Investigation QC Checksheet

(Preparatory, Initial, Follow-Up)

Team Information		
Team:	Location	Date:
Personnel Present:		
Phase of Inspection: PREPARATORY (P); INITIAL (I); FOLLOW-UP (F)		

Checklist						
Item	**Ref.**	**Inspection Point**	**Yes**	**No**	**N/A**	**Comments**
1	WP	Have all team members reviewed the current SOP 1? *Record of training.*				(P)
2	WP	Is a current copy of SOP 1 available to the Team when conducting field operations? *Check date.*				(P),(I),(**F**)
3	SOP 1 3.O	Are team members familiar with the definitions in Para 3.0				(P)
4	SOP 1 4.0	Was the **Coordination Meeting** held prior to commencing OE/UXO clearance operations?				(P)
5	SOP 1 4.0	Has the Project Manager or his representative completed the mandatory notifications prior to conducting field operations? I.e. *Medical, Fire, Village Patrol, Air Traffic Control.*				(P),(I),(**F**)
6	SOP 1 4.0	Was a copy of the Exclusion Zone information package for each Sector provided to the Village Control Officer prior to conducting intrusive operations?				(P),(I),(**F**)
7	SOP 1 5.0	Do the UXO Teams meet the personnel requirements in Para.5.0				(P)
8	SOP 1 6.0	Have all personnel assigned to the intrusive clearance team been GPO Certified.				(P), (I), (**F**)
9	SOP 1 6.0	Have all members of the intrusive OE/UXO clearance team attended site-specific orientation.				(P), (I), (**F**)
10	SOP 1 6.1	Were all the subjects in the training schedule covered during site-specific training				(P)
11	SOP 1 7.0	Has all the equipment utilized by the intrusive team been certified in the GPO?				(I) (**F**)
12	SOP 1 7.3	Is the RTK Repeater properly equipped and up and running.				(P), (I), (**F**)
13	SOP 1 7.4	Has the OE/UXO Team loaded out the additional equipment listed in the paragraph?				(P) (I) (**F**)
14	SOP 1 7.4	Does the UXOSS have a copy of SOP 1?				(P), (I), (**F**)
15	SOP 1 7.4	Does the UXOSS maintain a copy of the dig permit when required				(I), (**F**)
15	SOP 1 9.1	Did the SUXOSS cover the required topics during his daily briefing?				(I), (**F**)
16	SOP 1 9.1	Did the UXOSS annotate the tailgate safety brief on Attachment 1-3?				(I), (**F**)
17	SOP 1 9.3	Was an Exclusion Zone established prior to conducting Intrusive MEC clearance operations?				(I), (**F**)

Checklist						
Item	**Ref.**	**Inspection Point**	**Yes**	**No**	**N/A**	**Comments**
18	SOP 1 9.4	Were the procedures for anomaly reacquisition followed?				(I), (**F**)
19	SOP 1 9.5	Did the UXOSS notify the ECC Command Center prior to commencing intrusive operations?				(I), (**F**)
20	SOP 1 9.5	Were approved excavation procedures followed?				(I), (**F**)
21	SOP 1 9.5	Did the UXOSS properly fill out the Anomaly Accountability Log Form?				(I), (**F**)
22	SOP 1 9.5.1	Was the anomaly properly categorized on Attachment?				(I), (**F**)
23	SOP 1 9.6	Were approved procedures for Located MEC followed?				(I), (**F**)
24		Was a Ordnance Accountability Form properly filled out for the MEC item?				(I), (**F**)
25	SOP 1 9.7	Was the proper disposition assigned to the located MEC?				(I), (**F**)
26	SOP 1 9.9	Were approved demobilization / site cleanup procedures followed at the end of each day's clearance operations?				(I), (**F**)
27	SOP 3 9.10	Were approved Data Collection and Recording procedures followed?				(I), (**F**)

Punch list Items	
Item #	Description:

Conducted by:_____ Approved by:_____

Title:_____ Title: Quality Control Manager

Signature:_____ Signature:_____

Date:_____ Date:_____

Geophysical Investigation QC Checksheet

(Preparatory, Initial, Follow-Up)

Team Information		
Geo Team #:	Location:	Date:
Geo Team Leader:		
Geo Team Members:		
Phase of Inspection: PREPARATORY (P), INITIAL (I), FOLLOW-UP (F)		

Checklist						
Item	**Ref.**	**Inspection Point**	**Yes**	**No**	**N/A**	**Phase of inspection and comments**
1	Previous Checklists	Have punch items from previous checklists (if any) been corrected?				(I) (F)
2	Work Plan 10.3.1	Program and Project Specific Work Plan(s) have been reviewed by all GEO team members and signed?				(P)
3	Work Plan 10.3.1	Have all team members competed Project Training Requirements?				(P)
4	Work Plan 10.3.1	Does the lead project geophysicist and lead site geophysicist meet the requirements listed in DID MR-025?				(P)
5	Work Plan 10.7.3.1.2	FCA area has been “cleaned” of metal debris and have seed items been placed at depths not exceeding that described in Table 10-1				(P)
6	Work Plan 6.3.3.2	Was the EM-61 warmed up for at least 5 minutes before use?				(P) (I) (F)
7	Work Plan 6.3.3.6	Were the morning QC equipment tests (EM-61 and GPS) conducted and documented in their logbook?				(P) (I) (F)
8	Work Plan 6.3.3.6	Were the evening QC equipment tests (EM-61) conducted and documented in their logbook?				(P) (I) (F)
9	Work Plan 6.3.3.6	Background noise within acceptable mV tolerance?				(I) (F)
10	Work Plan 2.5.1	Was the area to be investigated previously surface swept by UXO teams?				(I) (F)
11	Work Plan 6.3.3.1	Survey lanes are not more than 2.5 ft in width.				(I) (F)
12	Work Plan 6.3.3.5	Data spatial density is not less than every 20 cm meters in wheel mode or not less than 10Hz in automatic mode.				(P) (I) (F)
13	Work Plan 6.3.3.11	Are Geo teams logging cultural items properly (logbook or Attachment A of DID OE-005-05.01)				(I) (F)
14	Work Plan 6.3.3.11	Were 3 percent of all geophysical data resurveyed by the geophysical subcontractor for QC purposes?				(I) (F)
15	EM61 Manual	Battery Voltage is above 10.5V.				(P) (I) (F)
16	Work Plan 7.1.2	Are data files being tracked properly?				(I) (F)
17	Work Plan 6.3.3.13	Are data files being backed up on a regular basis?				(I) (F)
18	Work Plan 7.1.9	Are maps generated by the geophysical subcontractor in compliance with DID MR-005-05?				(I) (F)

Checklist						
Item	**Ref.**	**Inspection Point**	**Yes**	**No**	**N/A**	**Phase of inspection and comments**
19	General	All geophysical data to date has been put on CD (or FTP site) and has been made available to the ECC GEOQCS (raw, xyz, and Geosoft files)				(I) (F)

Punch list Items	
Item #	Description:

Conducted by:_____ Approved by:_____

Title:_____ Title: Quality Control Manager

Signature:_____ Signature:_____

Date:_____ Date:_____

FCR Form

FIELD CHANGE REQUEST (FCR) FORM
McClellan

FCR #:	**DATE:**
LOCATION: McClellan	**Matrix Rep.:**

1. Description (Items involved, submit sketch, if applicable): (Use continuation sheet if Necessary)

2. Reason for Change (Use Continuation Sheet if Necessary)

3. Recommended Disposition (Submit sketch, if applicable): (Use Continuation Sheet if Necessary)

Preparer of FCR (Print name and sign)	Preparer's Title	Date
PM - Reviewed (Print name and sign)	Accepted (Y/N)	Date
QCM - Reviewed (Print name and sign)	Accepted (Y/N)	Date
SUXOSS - Reviewed (Print name and sign)	Accepted (Y/N)	Date
Matrix - Reviewed (Print name and sign)	Accepted (Y/N)	Date
ADEM - Reviewed (Print name and sign)	Accepted (Y/N)	Date

ECC FCR Log

FIELD CHANGE REQUEST (FCR) LOG

FCR No.	DESCRIPTION OF CHANGE	DATE INITIATED	DATE AND STATUS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Anomaly Accountability Log Form (AALF)

UXO Team: _____ **UXO Team Leader:** _____ **Date:** _____

Anomaly ID No.		
Anomaly Longitude X / Latitude Y (or state plane X,Y)		
Object Depth (from center of mass)		Inches
Object Length		Inches
Object Diameter/Thickness		Inches
Object Weight (Estimated)		pounds
Inclination	**0° 45° 90° 135° 180°**	
Orientation	**0-360 (0 is north)**	
Hole Cleared?	☐ YES ☐ NO	

Item Description/Justification/Comments

Recovered Item Categories (Check Appropriate Box)

☐ **UXO** ☐ **MEC** ☐ **MEC-related scrap**
☐ **Inert Ordnance** ☐ **QC (Seed)** ☐ **non-MEC-related scrap**
☐ **Metal Waste** ☐ **No Find** ☐ **Dig Abandoned** ☐ **Other**

Was photo taken? ☐ **Yes** ☐ **No** **File Name:** **(Database manager to match the photo ID to the Anomaly ID)**

Ordnance Positive Identification **(If Known, Record Below and record fuze condition and disposition)**

Quantity:	**Ordnance Mark/Mod:**	**Nose Fuze Mark/Mod:**	**Tail Fuze Mark/Mod:**

Ordnance Filler: ☐ Explosive ☐ Propellant ☐ Pyrotechnic ☐ Other

Ordnance Category:

☐ **Bombs** ☐ **Clusters/Dispensers** ☐ **Grenades** ☐ **Guided Missiles**
☐ **Land Mines** ☐ **Misc. Explosive Devices** ☐ **Mortars** ☐ **Projectiles**
☐ **Rockets** ☐ **Pyrotechnics and Flares** ☐ **Small Arms** ☐ **Practice Bombs**

Fuzing Types

☐ **Piezo-Electric** ☐ **Proximity (VT)** ☐ **Impact** ☐ **Base Detonating**
☐ **All-ways Acting** ☐ **Electric** ☐ **Point Detonating** ☐ **Influence**
☐ **Mech long delay** ☐ **Mechanical Time** ☐ **Pressure** ☐ **MT Superquick**
☐ **Powder Train Time Fuze (PTTF)** ☐ **Point-initiating, Base-detonating**

Status of MEC/UXO ☐ Armed ☐ Unarmed

Physical Condition of MEC/UXO (Check all that apply)

☐ Broken Open ☐ Soil Staining ☐ Filler Visible

FOR SUXOS USE

Disposition: (Clarify under remarks) ☐ BIP ☐ Consolidated ☐ Other (specify)		**Date:**
Notifications To MES By:	**Signature:**	**Date**
Transported By:	**Signature:**	**Date:**
Transferred To:	**Signature:**	**Date:**
Storage Location:		
Destroyed By:	**Signature**	**Date:**

Remarks: _____

_____

Signature: _____
SUXOS

AALF Definitions

MEC: Military munitions that are (1) UXO, as defined in 10 United States Code (USC) 101(e)(5); (2) abandoned or discarded, as defined in 10 USC 2710(e)(2); and (3) munitions constituents [e.g., Trinitrotoluene (TNT), RDX, etc.] present in soil, facilities, equipment, or other materials in high enough concentrations so as to pose an explosive hazard. MEC will be disposed of on-site by detonation.

- **UXO:** Military munitions that have been primed, fuzed, armed, or otherwise prepared for action, and have been fired, dropped, launched, projected, or placed in such a manner as to constitute a hazard to operations, installations, personnel, or material, and remain unexploded either by malfunction, design, or any other cause [10 USC 101(e)(5)].
- **Other MEC:** MEC as described above, other than UXO.

MEC-Related Scrap: Scrap, components, parts, fragmentation, or other materials associated with MEC, that have been determined to pose no explosive safety hazard. MEC-related scrap will be managed in accordance with state and federal solid waste and recycling requirements, as well as DoD and Defense Logistics Agency trade security, demilitarization, and inert certification requirements (DoD Demilitarization Program Bulletin No. 99-005, DoD Manual 4160.21-M-1, and DoD Directive 2030.8).

- **MEC Fragmentation:** Produced by ordnance designed to kill by detonation of HE and fragmentation of the delivery vehicle casing. These are generally thick cased munitions.
- **Other MEC-Related Scrap:** MEC-related scrap as described above, other than MEC fragmentation (tail fin, cartridge case, etc.).

Non-MEC-Related Scrap/Material: Scrap metal or other materials, which may be discovered in the study area, that are not MEC-related scrap as described above (tin can, gate hinge, barbed wire, etc.). Non-MEC-related scrap and other materials will be managed in accordance with state and federal solid waste and recycling requirements.

- **Scrap Metal:** Bits and pieces of metal parts, or metal pieces that may be combined together with bolts or soldering that, when worn or superfluous, can be recycled [40 Code of Federal Regulations (CFR) 261.1(c)(b)]. U.S. Environmental Protection Agency (EPA) guidance states that the material "must have a metal content of at least 50%" [Office of Solid Waste and Emergency Response (OSWER) Directive 941.1990(09a)] and that it be in "solid, nondispersible form (61 Federal Register 2362, 25 January 1996).

Other Material: Non-MEC-related material other than scrap metal as described above.

MOTOR VEHICLE INSPECTION (TRANSPORTING HAZARDOUS MATERIALS)

(Read Instructions before completing this form.)

This form applies to all vehicles which must be marked or placarded in accordance with Title 49 CFR.	1. GOVERNMENT BILL OF LADING/TRANSPORTATION CONTROL NUMBER

SECTION 1 - DOCUMENTATION	ORIGIN a.	DESTINATION b.
2. CARRIER/GOVERNMENT ORGANIZATION		
3. DATE/TIME OF INSPECTION		
4. LOCATION OF INSPECTION		
5. OPERATOR(S) NAME(S)		
6. OPERATOR(S) LICENSE NUMBER(S)		
7. MEDICAL EXAMINER'S CERTIFICATE*		

8. *(X if satisfactory at origin)*

a. MILITARY HAZMAT ENDORSEMENT		d. ERG OR EQUIVALENT COMMERCIAL:		YES		NO	
b. VALID LEASE*		e. DRIVER'S VEHICLE INSPECTION REPORT*					
c. ROUTE PLAN		f. COPY OF 49 CFR PART 397					

9. CVSA DECAL DISPLAYED ON COMMERCIAL EQUIPMENT*	YES	NO
a. TRUCK/TRACTOR		
b. TRAILER		

SECTION II - MECHANICAL INSPECTION

All items shall be checked on empty equipment prior to loading. Items with an asterisk shall be checked on all incoming loaded equipment.

10. TYPE OF VEHICLE(S)	11. VEHICLE NUMBER(S)

12. PART INSPECTED *(X as applicable)*	ORIGIN (1) SAT	ORIGIN (1) UNSAT	DESTINATION (2) SAT	DESTINATION (2) UNSAT		ORIGIN (1) SAT	ORIGIN (1) UNSAT	DESTINATION (2) SAT	DESTINATION (2) UNSAT	COMMENTS (3)
a. SPARE ELECTRICAL FUSES					k. EXHAUST SYSTEM					
b. HORN OPERATIVE					l. BRAKE SYSTEM*					
c. STEERING SYSTEM					m. SUSPENSION					
d. WINDSHIELD/WIPERS					n. COUPLING DEVICES					
e. MIRRORS					o. CARGO SPACE					
f. WARNING EQUIPMENT					p. LANDING GEAR*					
g. FIRE EXTINGUISHER*					q. TIRES, WHEELS, RIMS					
h. ELECTRICAL WIRING					r. TAILGATE/DOORS*					
i. LIGHTS AND REFLECTORS					s. TARPAULIN*					
j. FUEL SYSTEM*					t. OTHER *(Specify)*					

13. INSPECTION RESULTS *(X one)* **ACCEPTED** ☐ **REJECTED** ☐

(If rejected give reason under "Remarks". Equipment will be approved if deficiencies are corrected prior to loading.)

14. SATELLITE MOTOR SURVEILLANCE SYSTEM: *(X one)* **ACCEPTED** ☐ **REJECTED** ☐

15. REMARKS

16. INSPECTOR SIGNATURE *(Origin)*	17. INSPECTOR SIGNATURE *(Destination)*

SECTION III - POST LOADING INSPECTION

This section applies to Commercial and Government/Military vehicles. All items will be checked prior to release of loaded equipment and shall be checked on all incoming loaded equipment.

	ORIGIN (1) SAT	ORIGIN (1) UNSAT	DESTINATION (2) SAT	DESTINATION (2) UNSAT	COMMENTS (3)
18. LOADED IAW APPLICABLE SEGREGATION/COMPATIBILITY TABLE OF 49 CFR					
19. LOAD PROPERLY SECURED TO PREVENT MOVEMENT					
20. SEALS APPLIED TO CLOSED VEHICLE; TARPAULIN APPLIED ON OPEN EQUIPMENT					
21. PROPER PLACARDS APPLIED					
22. SHIPPING PAPERS/DD FORM 836 FOR GOVERNMENT VEHICLE SHIPMENTS					
23. COPY OF DD FORM 626 FOR DRIVER					
24. SHIPPED UNDER DOT EXEMPTION 868					

25. INSPECTOR SIGNATURE *(Origin)*	26. DRIVER(S) SIGNATURE *(Origin)*
27. INSPECTOR SIGNATURE *(Destination)*	**28. DRIVER(S) SIGNATURE** *(Destination)*

Reset

INSTRUCTIONS

SECTION I - DOCUMENTATION

General Instructions.

All items (2 through 9) will be checked at origin prior to loading. Items with an asterisk (*) apply to commercial operators or equipment only. Only Items 2 through 7 are required to be checked at destination.

Items 1 through 5. Self explanatory.

Item 6. Enter operator's Commercial Driver's License (CDL) number or Military OF-346 License Number. CDL and OF-346 must have the HAZMAT and other appropriate endorsements IAW Part 383.

Item 7. *Enter the expiration date listed on the Medical Examiner's Certificate.

Item 8.a. APPLIES TO MILITARY OPERATORS ONLY. Military Hazardous Materials Certification. In accordance with applicable service regulations, ensure operator has been certified to transport hazardous materials.

b. *Valid Lease. Shipper will ensure a copy of the appropriate contract of lease is carried in all leased vehicles and is available for inspection. (Defense Transportation Regulation (DTR) requirement.)

c. Route Plan. Prior to loading any Hazard Class/Division 1.1, 1.2, or 1.3 (Explosives) for shipment, ensure that the operator possesses a written route plan in accordance with 49 CFR Part 397. Route Plan requirements for Hazard Class 7 (Radioactive) materials are found in 49 CFR 397.101.

d. Emergency Response Guidebook (ERG) or Equivalent. Commercial operators must be in possession of an ERG or equivalent document. Shipper will provide applicable ERG page(s) to military operators.

e. *Driver's Vehicle Inspection Report. Review the operator's Vehicle Inspection Report. Ensure that there are no defects listed on the report that would affect the safe operation of the vehicle.

f. Copy of 49 CFR Part 397. Operators are required by regulation to have in their possession a copy of 49 CFR Part 397 (Hazardous Materials Driving and Parking Rules). If military operators do not possess this document, shipper may provide a copy to operator.

Item 9. *Commercial Vehicle Safety Alliance (CVSA) Decal. Check to see if equipment has a current CVSA decal and mark applicable box. Vehicles without CVSA, check documentation of the last vehicle periodic inspection.

SECTION II - MECHANICAL INSPECTION

General Instructions.

All items (12.a. through 12.t.) will be checked on all incoming empty equipment prior to loading. All UNSATISFACTORY conditions must be corrected prior to loading. Items with an asterisk (*) shall be checked on all incoming loaded equipment. Unsatisfactory conditions that would affect the safe off-loading of the equipment must be corrected prior to unloading.

SECTION II *(Continued)*

Item 12.a. Spare Electrical Fuses. Check to ensure that at least one spare fuse for each type of installed fuse is carried on the vehicle as a spare or vehicle is equipped with an overload protection device (circuit breaker). (49 CFR 393.95)

b. Horn Operative. Ensure that horn is securely mounted and of sufficient volume to serve purpose. (49 CFR 393.81)

c. Steering System. The steering wheel shall be secure and must not have any spokes cracked through or missing. The steering column must be securely fastened. Universal joints shall not be worn, faulty or repaired by welding. The steering gear box shall not have loose or missing mounting bolts or cracks in the gear box mounting brackets. The pitman arm on the steering gear output shaft shall not be loose. Steering wheel shall turn freely through the limit of travel in both directions. All components of a power steering system must be in operating condition. No parts shall be loose or broken. Belts shall not be frayed, cracked or slipping. The power steering system shall not be leaking. (49 CFR 396 Appendix G)

d. Windshield/Wipers. Inspect to ensure that windshield is free from breaks, cracks or defects that would make operation of the vehicle unsafe; that the view of the driver is not obscured and that the windshield wipers are operational and wiper blades are in serviceable condition. Defroster must be operative when conditions require. (49 CFR 393.60, 393.78 and 393.79)

e. Mirrors. Every vehicle must be equipped with two rear vision mirrors located so as to reflect to the driver a view of the highway to the rear along both sides of the vehicle. Mirrors shall not be cracked or dirty. (49 CFR 393.80)

f. Warning Equipment. Equipment must include three bidirectional emergency reflective triangles that conform to the requirements of FMVSS No. 125. FLAME PRODUCING DEVICES ARE PROHIBITED. (49 CFR 393.95)

g. Fire Extinguisher. Military vehicles must be equipped with two serviceable fire extinguishers with an Underwriters Laboratories rating of 10 BC or more. (Commercial motor vehicles must be equipped with one serviceable 10 BC Fire Extinguisher). Fire extinguisher(s) must be located so that it is readily accessible for use and securely mounted on the vehicle. The fire extinguisher must be designed, constructed and maintained to permit visual determination of whether it is fully charged. (49 CFR 393.95)

h. Electrical Wiring: Electrical wiring must be clean and properly secured. Insulation must not be frayed, cracked or otherwise in poor condition. There shall be no uninsulated wires, improper splices or connections. Wires and electrical fixtures inside the cargo area must be protected from the lading. (49 CFR 393.28, 393.32, 393.33)

SECTION II *(Continued)*

i. Lights/Reflectors. (Head, tail, turn signal, brake, clearance, marker and identification lights, Emergency Flashers). Inspect to see that all lighting devices and reflectors required are operable, of proper color and properly mounted. Ensure that lights and reflectors are not obscured by dirt or grease or have broken lenses. High/Low beam switch must be operative. Emergency Flashers must be operative on both the front and rear of vehicle. (49 CFR 393)

j. Fuel System. Inspect fuel tank and lines to ensure that they are in serviceable condition, free from leaks, or evidence of leakage and securely mounted. Ensure that fuel tank filler cap is not missing. Examine cap for defective gasket or plugged vent. Inspect filler necks to see that they are in completely serviceable condition and not leaking at joints. (49 CFR 393.83 and 396 Appendix G)

k. Exhaust System. Exhaust system shall discharge to the atmosphere at a location to the rear of the cab or if the exhaust projects above the cab, at a location near the rear of the cab. Exhaust system shall not be leaking at a point forward of or directly below the driver compartment. No part of the exhaust system shall be located where it will burn, char or damage electrical wiring, fuel system or any other part of the vehicle. No part of the exhaust system shall be temporarily repaired with wrap or patches. (49 CFR 393.83 and 396 Appendix G)

l. Brake System (to include hand brakes, parking brakes and Low Air Warning devices). Check to ensure that brakes are operational and properly adjusted. Check for audible air leaks around air brake components and air lines. Check for fluid leaks, cracked or damaged lines in hydraulic brake systems. Ensure that parking brake is operational and properly adjusted. Low Air Warning devices must be operative. (49 CFR 396 Appendix G)

m. Suspension. Inspect for indications of misaligned, shifted or cracked springs, loosened shackles, missing bolts, spring hangers unsecured at frame and cracked or loose U-bolts. Inspect for any unsecured axle positioning parts, and sign of axle misalignment, broken torsion bar springs (if so equipped). (49 CFR 396 Appendix G)

n. Coupling Devices (Inspect without uncoupling). Fifth Wheels: Inspect for unsecured mounting to frame or any missing or damaged parts. Inspect for any visible space between upper and lower fifth wheel plates. Ensure that the locking jaws are around the shank and not the head of the kingpin. Ensure that the release lever is seated properly and safety latch is engaged. Pintle Hook, Drawbar, Towbar Eye and Tongue and Safety Devices: Inspect for unsecured mounting, cracks, missing or ineffective fasteners (welded repairs to pintle hook is prohibited). Ensure safety devices (chains, hooks, cables) are in serviceable condition and properly attached. (49 CFT 396 Appendix G)

o. Cargo Space. Inspect to ensure that cargo space is clean and free from exposed bolts, nuts, screws, nails or inwardly projecting parts that could damage the lading. Check floor to ensure it is tight and free from holes. Floor shall not be permeated with oil or other substances. (49 CFR 177.815(e)(1) and 398.94)

p. Landing Gear. Inspect to ensure that landing gear and assembly are in serviceable condition, correctly assembled, adequately lubricated and properly mounted.

SECTION II *(Continued)*

q. Tires, Wheels and Rims: Inspect to ensure that tires are properly inflated. Flat or leaking tires are unacceptable. Inspect tires for cuts, bruises, breaks and blisters. Tires with cuts that extend into the cord body are unacceptable. Thread depth shall not be less than: 4/32 inches for tires on a steering axle of a power unit, and 2/32 inches for all other tires. Mixing bias and radial on the steering axle is prohibited. Inspect wheels and rims for cracks, unseated locking rings, broken, loose, damaged or missing lug nuts or elongated stud holes. (49 CFR 396 Appendix G)

r. Tailgate/Doors. Inspect to see that all hinges are tight in body. Check for broken latches and safety chains. Doors must close securely. (49 CFR 177.835(h))

s. Tarpaulin. If shipment is made on open equipment, ensure that lading is properly covered with fire and water resistant tarpaulin. (49 CFR 177.835(h))

t. Other Unsatisfactory Condition. Note any other condition which would prohibit the vehicle from being loaded with hazardous materials.

Item 14. For AA&E and other shipments requiring satellite surveillance, ensure that the Satellite Motor Surveillance System is operable. Shipper will instruct the driver to send a "test" emergency message to DTTS by having the driver activate the "emergency (panic) button". Shipper will contact DTTS at 1-800-826-0794 to verify that test message was received. Message must be received by DTTS for system to be considered operational.

SECTION III - POST LOADING INSPECTION

General Instructions.

All items will be checked prior to the release of loaded equipment. Shipment will not be released until deficiencies are corrected. All items will be checked on incoming loaded equipment. Deficiencies will be reported in accordance with applicable service regulations.

Item 18. Check to ensure shipment is loaded in accordance with 49 CFR Part 177.848 and the applicable Segregation or Compatibility Table of 49 CFR 177.848.

Item 19. Check to ensure the load is secured from movement in accordance with applicable service outload drawings.

Item 20. Check to ensure seal(s) have been applied to closed equipment; fire and water resistant tarpaulin applied on open equipment.

Item 21. Check to ensure each transport vehicle has been properly placarded in accordance with 49 CFR Part 172 Subpart F.

Item 22. Check to ensure operator has been provided shipping papers that comply with 49 CFR Part 172 Subpart C. For shipments transported by Government vehicle, shipping paper will be DD Form 836.

Item 23. Ensure operator(s) sign DD Form 626, are given a copy and understand the hazards associated with the shipment.

Item 24. Applies to Commercial Shipments Only. If shipment is made under DOT Exemption 868, ensure that shipping papers are properly annotated and copy of Exemption 868 is with shipping papers.

Explosives Accountability Log

Date: _____

Contractor: **Environmental Chemical Corporation** (ECC)

Project Title and Location: McClellan, Alabama

		Quantities			Signatures	
Explosive	**Lot Number**	Issued	Used	Returned	Team Leader	Checker

Signature / Date:

_____ **Date: ____/____/____**

SUXOS

	Environmental Chemical Corporation	**DAILY EXCAVATION / TRENCH INSPECTION**

Location: Date: Time:

A daily inspection of each excavation / trench is required before the start of each shift involving work at that location; after every rainstorm; after other events that could increase hazards (snowstorm, rain, windstorm, thaw); when fissures, cracks, or sloughing occur; when there is a change in the size, location, or placement of the spoil pile; throughout the shift as needed; and prior to any individuals entering the excavation / trench.

Observation/Issue	Y / N / NA	Comments/Required Action
Has it rained or snowed since the last inspection?		
Are the sidewalls intact?		
Are there tension cracks in the sidewalls, slopes, or surfaces adjacent to the excavation?		
Are there creaking or popping sounds?		
Is equipment located a safe distance from the excavation?		
Has equipment caused sloughing of surface soils?		
Is there evidence of:		
Changes in wall slope?		
Bulges?		
Sloughing of soils?		
Seepage and piping of fine soils?		
Boiling of trench bottom?		
Is there standing water or water accumulation?		
Will personnel be entering the excavation?		
Is the excavation properly shored or benched for personnel protection?		
Are proper entrances and exits provided?		
Has the excavation been monitored for hazardous conditions? (Conduct periodic monitoring as directed by site safety officer.)		

Competent Person / Inspector's Signature: **Date**

Non-Conformance Report

McClellan

NCR Number:	Project Name and Number:	Date:	Page of

Nonconformance Description (include specific requirement violated):

Identified by: _____ Date: _____

Root Cause of Nonconforming Action:

Corrective Action(s) to be Taken (include date when action(s) will be complete):

To be Performed by: _____ Date: _____

Action(s) to be Taken to Preclude Recurrence:

To be Performed by: _____ Date: _____

Acceptance by:
Project Manager: _____ _____ Date: _____
UXO QC Specialist: _____ Date: _____

Corrective Action(s) Completed by and Date:	Verification Completed by and Date:

Deficiency Notice/Non-Conformance Report Tracking Log

McClellan

DN/NCR #	Orig. Date	Close Date	Initiated By	Closed By	DN/NC Description	Resp. Party	C/A Due	C/A Approved	Re-inspection Results

Deficiency Notice Report (DNR)
McClellan

1 – D-N- Number	2 - Activity	3 - Date

4 - Describe Condition

5 - Root Cause Analysis

6 – Recommended Corrective Action

Identified By:	Signature:	Corrective Action Due Date:
QCM Review:	Signature:	Date:
Responsible Manager:	Signature:	Date:

7 - Corrective Action Taken

Taken By:	Signature:	Date:

8 – Closeout Action

Responsible Manager:	Signature:	Date:
QCM Comments:		
QCM Review: ☐ Acceptable ☐ Unacceptable	Signature:	Date:
Matrix Comments:		
Matrix Review: ☐ Acceptable ☐ Unacceptable	Signature:	Date:

	Environmental Chemical Corporation	**INCIDENT REPORT AND INVESTIGATION**

Date of Report: _____ **ECCONET Incident Report # ____**

TYPE OF INCIDENT (check all that apply)

❒ INJURY/ILLNESS ❒ VEHICLE DAMAGE ❒ HIGH LOSS POTENTIAL (NEAR MISS) ❒ QUALITY ❒ FIRE
❒ SPILL/RELEASE ❒ PROPERTY LOSS/DAMAGE ❒ PERMIT OR EQUIV. EXCEEDANCE ❒ SECURITY ❒ OTHER

GENERAL INFORMATION

PROJECT: TASK:

COMPANY OR SUBCONTRACTOR NAME(S):

DATE OF INCIDENT DAY OF WEEK: MILITARY TIME:

SUPERVISOR ON DUTY: PHONE: SUPV ON SCENE? ❒ YES ❒ NO

LOCATION OF INCIDENT:

WEATHER/LIGHTING CONDITIONS:

DESCRIBE WHAT HAPPENED (step by step, use additional pages if necessary)

1. What was the employee doing, or what was happening, just before the incident occurred? Describe the activity, as well as the equipment, tools, or materials in use. *Be specific, e.g., "Climbing a ladder while carrying tools" or "Driving westbound on Main St."*

2. What happened? What was the contact or event and how did it occur? *e.g., "When the ladder slipped on the wet floor, employee fell 20 feet" or " was distracted by bee, swerved off right side of road and struck the stop sign"*

IMMEDIATE CORRECTIVE ACTIONS (use additional pages if necessary)

AFFECTED EMPLOYEE INFORMATION (Include injured person or employees whose activities resulted in incident) ❒ N/A

NAME: ❒ MALE ❒ FEMALE COMPANY:

HOME ADDRESS:

DATE OF BIRTH: HOME PHONE #:

JOB CLASSIFICATION: YEARS IN JOB CLASSIFICATION:

TIME EMPLOYEE BEGAN WORK: DATE OF HIRE:

DID INCIDENT RELATE TO ROUTINE TASK FOR JOB CLASSIFICATION?: ❒ YES ❒ NO

INJURY/ILLNESS INFORMATION ❒ N/A

NATURE OF INJURY OR ILLNESS (Body part affected and how it was affected, e.g. strained back):

OBJECT/EQUIPMENT/SUBSTANCE CAUSING HARM:

FIRST AID PROVIDED: ❒ YES ❒ NO IF YES, WHERE: ❒ ON SITE ❒ OFF SITE

IF YES, WHO PROVIDED FIRST AID?:

WILL THE INJURY/ILLNESS RESULT IN: ❒ RESTRICTED DUTY ❒ LOST TIME ❒ UNKNOWN

	Environmental Chemical Corporation	**INCIDENT REPORT AND INVESTIGATION** ECCONET Incident Report # ____

TREATMENT OR EVALUATION INFORMATION (Attach Provider's Report/Statement) ❒ N/A

WAS TREATMENT OR EVALUATION PROVIDED? ❒ YES ❒ NO ❒ FIRST AID ❒ EVALUATION ❒ MEDICAL TREATMENT

IF YES, WHERE? ❒ ON SITE ❒ DR'S OFFICE ❒ HOSPITAL ❒ OTHER:

NAME OF PERSON(S) PROVIDING TREATMENTOR EVALUATION:

ADDRESS WHERE TREATMENT OR EVALUATION WAS PROVIDED:

TYPE OF TREATMENT OR EVALUATION:

WAS THE EMPLOYEE HOSPITALIZED OVERNIGHT? ❒ YES ❒ NO

PROPERTY LOSS OR DAMAGE INFORMATION ❒ N/A

PROPERTY OR VEHICLE INVOLVED:

DESCRIPTION OF LOSS OR DAMAGE: ESTIMATED $ LOST:

SPILL OR RELEASE INFORMATION ❒ N/A

SUBSTANCE SPILLED OR RELEASED: FROM WHERE: TO WHERE:

ESTIMATED QUANTITY/DURATION:

REPORTABLE QUANTITY (RQ): RQ EXCEEDED? ❒ YES ❒ NO

RELEASED TO WATERS OF STATE? ❒ YES ❒ NO CERCLA HAZARDOUS SUBSTANCE? ❒ YES ❒ NO

RESPONSE ACTIONS TAKEN:

PERMIT OR EQUIVALENT EXCEEDANCE ❒ N/A

TYPE OF PERMIT: PERMIT #:

DATE OF EXCEEDANCE: DATE FIRST KNOWLEDGE OF EXCEEDANCE:

PERMITTED LEVEL OR CRITERIA *(e.g., Water Quality, Air Quality):*

EXCEEDANCE LEVEL OR CRITERIA: EXCEEDANCE DURATION:

RESPONSE ACTIONS TAKEN:

PERSONS PREPARING REPORT (Employee and Supervisor to Complete Report)

EMPLOYEE'S NAME (PRINT): SIGN: DATE:

EMPLOYEE'S NAME (PRINT): SIGN: DATE:

SUPERVISOR'S NAME (PRINT): SIGN: DATE:

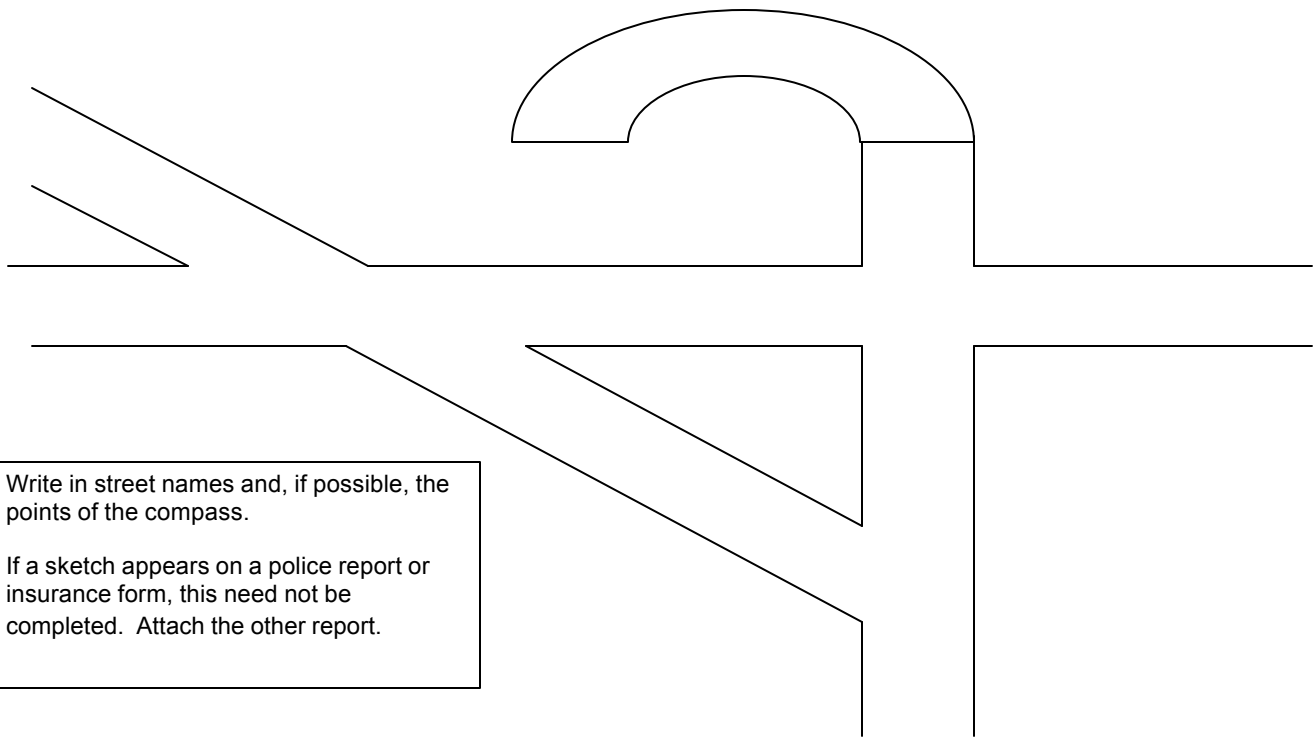
PERSONNEL NOTIFIED (Notify Health and Safety Manager Immediately)

ORGANIZATION	NAME(S)	DATE/TIME
❒ Program Health and Safety Manager		
❒ Project Manager		
❒		
❒		

RECEIVED BY H&S REP (NAME): DATE/TIME:

Serious Incidents require immediate notification to the Program Health and Safety Manager and Vice President of ESQ. **Fatalities or hospitalization (admittance) of three or more individuals requires notification to OSHA within 8 hours.** ***Contact the Program Health and Safety Manager to make the notification. If unavailable, the senior operations person on site should make the notification. Section 1 of the ECCONET form is due the day of the incident. Completed Incident Report and Investigation is due on ECCONET 48 hours after the incident.***

INCIDENT SKETCH



Write in street names and, if possible, the points of the compass.

If a sketch appears on a police report or insurance form, this need not be completed. Attach the other report.

	Environmental Chemical Corporation	**INCIDENT REPORT AND INVESTIGATION** ECCONET Incident Report # ____

1. GENERAL INFORMATION

COMPANY:	DATE OF INCIDENT:	DATE OF INVESTIGATION REPORT:
INCIDENT COST:	ESTIMATED: $	ACTUAL: $
OSHA RECORDABLE: ❒ YES ❒ NO	# RESTRICTED DAYS:	# DAYS AWAY FROM WORK:
WAS THE ACTIVITY ADDRESSED IN AN AHA?: ❒ YES (Attach a copy)	❒ NO	

2. CAUSE ANALYSIS

IMMEDIATE CAUSES – WHAT ACTIONS AND CONDITIONS CONTRIBUTED TO THIS EVENT? *(See examples on next page)*

BASIC CAUSES - WHAT SPECIFIC PERSONAL OR JOB FACTORS CONTRIBUTED TO THIS EVENT? *(See examples on next page, use SCAT chart for guidance)*

3. ACTION PLAN

REMEDIAL ACTIONS - WHAT HAS BEEN AND/OR SHOULD BE DONE TO CONTROL THE CAUSES LISTED? *If applicable, include management programs (see attached list) for control of incidents.*

ACTION	PERSON RESPONSIBLE	TARGET DATE	DATE COMPLETE	VERIFIED BY

4. PERSONNEL PERFORMING INVESTIGATION

NAME: (Print)	SIGN:	DATE:
NAME: (Print)	SIGN:	DATE:
NAME: (Print)	SIGN:	DATE:

5. REVIEW AND APPROVAL

HEALTH AND SAFETY OFFICER (Print)	SIGN:	DATE:
COMMENTS:		
PROJECT MANAGER (Print)	SIGN:	DATE:
COMMENTS:		
ENVIRONMENTAL, SAFETY, QUALITY (Print)	SIGN:	DATE:
COMMENTS:		

NOTE: Attach additional information as necessary, i.e. pictures, statements, etc.

	Environmental Chemical Corporation	**INCIDENT REPORT AND INVESTIGATION**

EXAMPLES OF IMMEDIATE CAUSES

SUBSTANDARD ACTIONS

1. Operating Equipment without Authority
2. Failure to Warn
3. Failure to Secure
4. Operating at Improper Speed
5. Making Safety Devices Inoperable
6. Using Defective Equipment
7. Failure to Use PPE Properly
8. Improper Loading
9. Improper Placement
10. Improper Lifting
11. Improper Position for Task
12. Servicing Equipment in Operation
13. Horseplay
14. Under Influence of Alcohol/Drugs
15. Using Equipment Improperly
16. Failure to Follow Procedure
17. Failure to Identify Hazard/Risk
18. Failure to Check/Monitor
19. Failure to React/Correct

SUBSTANDARD CONDITIONS

1. Inadequate Guards or Barriers
2. Inadequate or Improper Protective Equipment
3. Defective Tools, Equipment, or Materials
4. Congestion or Restricted Action
5. Inadequate Warning System
6. Fire and Explosion Hazards
7. Poor Housekeeping/Disorder
8. Noise Exposure
9. Exposure to Radiation
10. Exposure to Temperature Extremes
11. Inadequate or Excess Illumination
12. Inadequate Ventilation
13. Presence of Harmful Substances
14. Inadequate Instructions/Procedures
15. Inadequate Information/Data
16. Inadequate Preparation/Planning
17. Inadequate Support/Assistance
18. Inadequate Communications Hardware/Software/Process
19. Road Conditions
20. Weather Conditions

EXAMPLES OF BASIC CAUSES

PERSONAL FACTORS

1. Inadequate Physical/Physiological Capability
2. Inadequate Mental/Psychological Capability
3. Physical or Psychological Stress
4. Mental or Psychological Stress
5. Inadequate Training or Lack of Knowledge
6. Lack of Skill or Qualifications
7. Improper Motivation
8. Abuse or Misuse

JOB FACTORS

1. Inadequate Leadership/Supervision
2. Inadequate Engineering
3. Inadequate Purchasing
4. Inadequate Maintenance or Calibration
5. Inadequate Tools/Equipment
6. Inadequate Work Standards or Procedural Controls
7. Excessive Wear and Tear
8. Inadequate Communications

MANAGEMENT PROGRAMS FOR CONTROL OF INCIDENTS

1. Leadership and Administration
2. Management Training
3. Planned Inspections and Maintenance
4. Task Analysis and Procedures
5. Task Observation
6. Emergency Preparedness
7. Rules and Work Permits
8. Accident/Incident Analysis
9. Personal Protective Equipment
10. Health Control
11. Program Audits
12. Engineering and Change Management
13. Personal Communications
14. Group Communications
15. General Promotion/Awareness
16. Hiring and Placement
17. Purchasing Controls
18. Off-the-Job Safety